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AND
SECRECY ORDER RECOMMENDATION BY DEFENSE AGENCY**

Application Serial No.: 10/620 013
Filing Date:

Defense Agency:
Date Referred:

I hereby acknowledge, as indicated by my signature on this form, that I have inspected this application in administration of 35 U.S.C. 181 on behalf of the Agency/Command specified. I understand my obligation not to divulge any information from this application for any purpose other than administration of 35 U.S.C. 181.

RECOMMENDATION

(e.g. 'Secrecy Not Recommended (SNR)')

Reviewer(s) Signature/Date/Command

SNR	M. Buhnowski Dec. 1, 03 DOE
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LICENSING & REVIEW

Instructions to Reviewers:

1. All individuals reviewing this application are required under 35 USC 181 to sign and date this form regardless of whether or not they are making a secrecy order recommendation.
2. This form **MUST** be returned to the USPTO once a recommendation not to impose secrecy has been made or when a secrecy order has been rescinded.
3. If Secrecy is recommended, a recommendation for secrecy order **MUST** immediately be sent to the USPTO.

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